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ORIGINAL DEPARTMENT.

Lectures.

Clinical Lectures on Diabetes Mellitus.

Delivered at Pennsylvania Hospital, September 5th, 1860, by J. F. MEIGS, M. D., *one of the Physicians.*

(Reported for the Medical and Surgical Reporter.)

GENTLEMEN:—Having at our last meeting spoken of the symptoms, course, and nature of the disease in considerable detail, I now pass on to a consideration of its *treatment.*

From the time when the disease was first recognized and known, very various modes of treatment have been, at different times, proposed and tried. Rollo introduced the treatment of an exclusive animal diet, in order to lessen or prevent the formation of sugar. This treatment has been frequently resorted to, and, upon the whole, it has been the favorite plan. But it must be recollected that it is an exceedingly difficult method, requiring a great deal of perseverance and mental energy on the part of the patient, and strict surveillance on the part of his physician and attendants.

You will remember that I alluded, at the last lecture, to the theory of Mialhe, who supposes that acidity of the blood is the cause of diabetes, because this condition prevents the normal metamorphosis of glucose into other materials. Acting upon this theory, both he and M. Bouchardat strongly recommend the administration of alkalies in this disease, so as to remove that acidity and further the transformation of glucose into sugar, then in the lungs into lactic acid, which decomposes the carbonates of soda and potassa in the blood, setting free carbonic acid on one hand and forming the lactates of potassa and soda on the other. Mialhe recommends this treatment highly, and states that he has found it very useful. He sends his patients to the Vichy springs, which contain a considerable quantity of alkalies; or, if that cannot be done, he administers daily from 2½ to 5 drachms of bicarbonate of soda.

Grisolle, who is one of the most eminent and practical French physicians, says that this method, in combination with proper regimen, has been found of service in his hands; without regimen, it failed. M. Bouchardat himself states that it failed in severe cases; it was useful only when the quantity of sugar, excreted in the 24 hours, was moderate. In severe cases, Bouchardat, after comparative trials, prefers the carbonate of ammonia very much to the bicarbonate of soda.

To conclude, I think that Grisolle is right when he says that alkalies may prove useful; but alone they always, or usually, fail, and must be considered merely as accessory means.

Diet.—An exclusive animal diet is, as has been already stated, extremely fatiguing to the patient, and yet it is most important. Fatty substances are said to be useful. Bernard says, that, under an exclusive fatty alimentation, the sugar diminishes in the liver of the animal, as though it had been starved. It is essential that the patient should have as little bread and feculent food of any kind as possible. With this view, Bouchardat has proposed a bread made of gluten, which is said to be light, and to contain only ¼ of fecula. He also allows a generous Bordeaux or Burgundy wine drank with the Spa, Seltzer, or

Vichy water. He objects to beer as well as lemonade or milk, because they contain sugar; cream, he thinks useful and safe, and also cheese. He advises particular attention to be paid to the skin, which is to be kept warm by flannel, etc., and lays stress upon the employment of diaphoretics to restore the action of the skin, so as to favor the elimination of lactic acid from the blood, which he supposes to contribute to the diabetic condition. He gives carbonate of ammonia, at bed-time, in doses of 15 to 20 grains, alone, or combined with an equal quantity of theriac and the confect. opii.

Besides this, he recommends exercise in the open air, if the patient has strength enough; some light country-work is considered useful. Under this latter circumstance, he has observed that some patients can take feculent aliment with impunity. When the patient is anæmical, iron and bitters are, of course, proper remedies.

With the above treatment, Grisolle says he has ameliorated the disease; and in one case, for five or six years, one patient was rendered so much better as to enable him to follow his profession. Yet he admits of not having seen a definitive case. M. Bouchardat, however, has seen several cases in which the sugar disappeared from the urine, at least for a time. Grisolle says that he is convinced that the above treatment of Bouchardat is the best we are acquainted with.

Another mode of treating this disease, is that based upon chemical theories. As I stated to you in the last lecture, it has been supposed, that, in the healthy condition, the sugar formed in the stomach and liver, and found normally in the blood of the right side of the heart, is, in the lungs, converted into lactic acid, which is isomeric with glucose or sugar of starch; isomeric, or isomerism, being, as you know, an epithet applied to different bodies, which agree in composition, but differ in properties. Headland, in his ingenious and philosophical work on the "Action of medicines in the system," says, that, for the medical cure of diabetes, it is supposed that what we have to do is to convert diabetic sugar, *i. e.* glucose, into lactic acid. He says that it is clear, that, if the process of changing glucose into lactic acid were to stop short with the formation of glucose, the condition of the blood that exists in diabetes would result. This sugar cannot be put to any use, and is therefore excreted as fast as formed.

Now, it has been found, that, out of the body, rennet converts sugar into lactic acid; and, building upon this fact, Dr. Gray, of Glasgow, recommended and tried rennet in teaspoonful doses after each meal. Bennett states that Dr. Gray published three cases, in two of which it occasioned an apparent cure. He adds, that, on these grounds, it was given in several cases admitted into the royal Infirmary of Edinburgh, but without success. Headland has also recommended that fresh milk, (as it does not seem proved that its milk-sugar is liable to conversion into glucose, or excretion in the urine,) be consumed freely as an article of diet; and he advises that, at the same time, milk, *just turned sour*, should be administered, as a therapeutic agent, because this, he thinks, has a decided tendency to induce or facilitate the conversion of diabetic sugar into lactic acid, acting in a *quasi* catalytic manner. He states that this recommendation has since been adopted in several cases with much success.

Yeast, also, has been proposed as a ferment likely to forward the development of grape-sugar; of this Headland says that it has two important objections. It tends to transform the sugar into alcohol instead of lactic acid, and it operates only in the stomach, whereas it is in the blood that we desire the catalytic action of a ferment.

After these numerous, and, I fear, wearisome, explanations, I shall turn to the little work of Dr. Camplin, in which we have a most admirable record of the observations, experience and opinions of an intelligent physician, who, himself a sufferer from the disease, here shows us how he has managed his own case, and that of others, so successfully, as to constitute what amounts virtually to a recovery, though he finds that, after fourteen years of trial, he is still obliged to live,

to a certain extent, by rule and method, to avoid a recurrence of the disorder.

Dr. Camplin has never found it necessary to disallow the use of milk; the sugar contained in it does not pass into glucose readily, or under ordinary circumstances; and it has been observed that the fresher the milk, the less liable is its sugar to be transformed into diabetic sugar. In regard to vegetables, Dr. Camplin confined himself almost entirely to *cruciferæ*, the young cabbage being at once the cheapest and the best for ordinary use. Cauliflowers, broccoli, Brussels sprouts, etc., give considerable variety. Dr. Pereira recommends sour krout.

Tea, according to Dr. Camplin, is to be preferred to coffee in a majority of cases. Instead of wine or malt liquors, a small quantity of brandy and water, not above a tablespoonful of the former may be used. Sponging with tepid water, followed by friction, is highly spoken of by the same author. Warm clothing, a leather waistcoat, woolen and flannel are very important.

I know, says Dr. Camplin, of no specific remedy for the disease; but of the remedies resorted to in his own case, and that of others, citrate of ammonia in the effervescent form, generally combined with the citrate of iron, is spoken of more highly than any other particular remedy. Bitters and alkalies did him great service, at one period of the attack. Opiates are useful in some cases where the quantity of urine passed is very great, to give a temporary check; beyond that, Dr. Camplin thinks them objectionable. Cod liver oil has not yielded any very satisfactory results. As an occasional remedy, he found ammonia, in combination with infus. cascarillæ, or camphor mixture, very useful.

The dietetic part of the treatment, however, being our chief reliance, it is of great importance to know what we shall substitute in the place of those articles, which like bread, form a very large bulk of our diet in health, and when exclusive animal food cannot be borne. Dr. Camplin speaks very highly of the beneficial effects of the *bran cakes*, used freely, instead of bread, with meat, milk and such vegetables as we have above mentioned.

To show the remarkable effects of this bran cake, I will read you a short extract from Camplin's book:

"June 25th, 1855, (after having had the disease over ten years.) I went on well, notwithstanding a pretty free use of food containing starch, until November last, when the cold winds set in and my old symptoms gradually returned. When they had attained considerable severity, they were partially checked by additional warm clothing, and restriction to a very small quantity of brown bread; at length this failed, and on the 5th of March, the specific gravity of the morning urine being 1.041, that of the afternoon 1.035, the quantity very considerable, with dry mouth, and tenderness in the back, particularly over the right kidney, it began to be time to take some decisive step; and I resumed the bran cake. The effect was immediate. On the 8th, the morning urine was scarcely 1.020, the afternoon 1.015, the quantity normal; and although taking no bread and less meat, I was already beginning to regain flesh; that the change was owing to the substitution of the cake for the brown bread was sufficiently obvious, as the weather continued cold, with a prevalence of north-east winds, and I had still considerable remains of catarrh."

These remarkable, almost magic effects of the bran cake in this disease, combined, of course, with an otherwise proper regimen, as detailed by Dr. Camplin, induced me to give the bran cake a trial, and I have here the notes of the progress of the case of a very intelligent gentleman, who in his own case kept a faithful daily record. I will read you some extracts:

Date. 1859.	Quantity of urine.	Spec. grav.	Remarks.
July			
1	3 quarts, 1 pt.	.43	Clear and warm.
2	5 " 13½ oz.	.41	Warm with heavy showers.
3	3 " 12 "	.47	Raining and disagreeably cold.
4	3 " 1 pt., 13 oz.	.42	Clear day, but cold.
5	3 " 1 " 7 "	.45	" " "
6	4 " 12 "	.44	Cloudy and raining.
7	5 " 1 " 7 "	.44	Bright and clear, but damp.
			Commenced using bran cake.
8	1 " 6 oz.	.30	Clear.
9	1 " 4 "	.28	Clear.
10	1 " 6 "	.26	Clear and warm.

Whenever this patient would stop the bran cake and indulge himself, the urine would increase in quantity; but a return to it is immediately followed by a diminution. Under date of September 5, 1860, this patient writes:

"I still have the diabetes entirely under my control; am able to attend to my business without fatigue, have gained in weight and muscle since you saw me, but cannot depart from my diet two days, without feeling the effects. I am perfectly satisfied from my own experience during the past year, that if a man could eat fresh meat, cabbage and cauli-flowers and drink nothing but water, (not even milk) he could get along without the bran cake; but the bran cake is a great assistance at breakfast and supper in eating eggs, meat, cheese and fresh fish."

This is the formula which Camplin gives for bran cakes:

Take a sufficient quantity (say a quart) of wheat bran, boil it in two successive waters for a quarter of an hour, each time straining it through a sieve, then wash it well with cold water (on the sieve,) until the water runs off perfectly clear; squeeze the bran in a cloth as dry as you can, then spread it thinly on a dish, and place it in a slow oven; if put in at night let it remain until the morning, when, if perfectly dry and crisp, it will be fit for grinding. The bran thus prepared must be ground in a fine mill and sifted through a wire sieve of such fineness as to require the use of a brush to pass it through; if grinding once is not sufficient, it must be ground again until quite soft and fine. Take of this bran powder 3 oz. three new-laid eggs, 1½ (or 2 oz. if desired) of butter, and rather more than half a pint of milk, mix the eggs with a little of the milk and warm the butter with the other portion; then stir the whole well together, adding a little nutmeg and ginger, or any other agreeable spice. Bake in small tins (pattipans,) which must be well buttered, in a rather quick oven for about half an hour. The cakes when baked, should be as thick or a little thicker than a captain's biscuit; they may be eaten with meat or cheese for breakfast, dinner, and supper; at tea they require rather a free allowance of butter, or may be eaten with *curds* or any of the soft cheeses."

One of the patients at present in the hospital suffering from this disease is R. M. K., a woman, born in Ireland, 37 years of age. She was married at sixteen, and has had seven children. She has been a widow ten years.

She was first taken sick seven years ago, when living out as child's nurse and continued very sick for two months, the disease being as we ascertained on a previous occasion, pleurisy.

Early last spring she ceased to menstruate, and about the same time began to be very thirsty and her abdomen grew larger. She became very weak and had to go to bed, lost appetite, flesh and strength. In that condition she remained until she came to the hospital. She passed 10 quarts of urine in 14 hours, which, on examination, exhibited a large amount of sugar.

The *treatment* resorted to in her case was egg and milk in the morning and evening; meat at dinner, and *bran bread.* She also takes the following:

No. 1.—℞ Acid. Citric. gr. xvii.
Lemon. i; Aquæ f ℥iii. M.

No. 2.—℞ Ferri et Ammon. citrat. ℈ii.
Ammon. Carb. gr. Civ. M.
Aquæ f ℥iv.

Dose, a tablespoonful of each mixed together, after meals.

On August 16th, the specific gravity of the urine was 10.31, the amount passed in 24 hours, 24 pints.

August 24th, passed 12 pints.
" 27th, " 11 "
" 31st, " 11 "
September 1st, Spec. gr. 1,034½.

With the specific gravity at 1,025 she was passing 81.55 parts of solid matter, instead of 67 parts, which is the normal standard. This is ascertained by Christison's rule, in multiplying the excess over 1000 parts by 2.33.—So 35 × 2.33 = 81.55.

Since the last record, gentlemen, there has been a considerable diminution of the urine in this patient with the diet and treatment under which she has been placed, and she is gaining flesh, and presents generally a better appearance. She is now taking the bran cake as a regular article of food.

Dr. John H. Tate has been elected Professor of Obstetrics in the Cincinnati College of Medicine and Surgery.

Communications.

Elytrorrhaphy;—Four Operations to Narrow the Vagina by Partial Excision of its Walls, and Application of the Silver Suture in Cases of Severe Procidentia Uteri, with Eversion of the Vagina.

By G. GRANT, M. D.,
Of Newark, N. J.

(*Continued from page* 473.)

Case 2d.—R. O'R., æt. 26 years, had had complete procidentia for ten months, occuring about a year after her last confinement. She has had three children, at full term, and since the procidentia occurred, one miscarriage, while the womb was completely prolapsed. Her confinements were rapid—never over an hour, once not over fifteen minutes. Her pelvis is very large, her general health good, and physique excellent.

Nov. 1st, 1859. Operated, as in the first case, assisted by Doctors Coles, Dodd, L. G. Thomas, D. S. Smith, and J. D. Osborne. On the 15th day, applied a pessary, as in the other case, and permitted her to rise from her bed.

Dec. 8th. The uterus has not descended, though she has been continuously engaged about her household duties, standing or walking constantly, and straining in defecation from constipation of the bowels, to which she is subject. She feels well, and is quite confident of success.

Dec. 18th. Everything has continued as before; no sign of descent.

Jan. 20th. The pessary is still worn, but she had occasionally removed and kept it out for a length of time, with no tendency whatever to descent. Before the operation a pessary was entirely inadequate to sustain the organ. The relief is perfect.

Case 3d.—C. K., 40 years of age. Has had 12 children; always hard labors. She had prolapsus uteri after the birth of her second child, sixteen years ago, which was cured by remedies to her unknown. Toward the latter part of 1857 she was in labor with a footling case, complicated by convulsions. About six weeks after confinement, the womb descended, and never returned.

I saw the patient on February 25th, 1860, at the request of Dr. Wm. S. Ward, her physician. Her countenance was sallow, expressing suffering and anxiety. She complained of great distress in the back, nausea and great difficulty of walking or standing, which gave her much pain.

Upon examination there was found complete procidentia uteri; os uteri enlarged, so as to be almost the size of the fundus; leucorrhœal discharges from the cavity of the uterus, and ulcerations about the neck and os.

Feb. 27th. Operated, with the assistance of Drs. Ward, Coles, Dodd, O'Gorman, Marsh, Smith, Thomas, and Woodhull, the patient being under the influence of chloroform. The operation was the same as above, that of Marshall Hall, modified by Ireland. Five silver sutures were used. I visited the patient daily for two weeks. There was a slight retention of urine for the first twenty-four hours, which was relieved by the application of warm cloths over the pubes. No fever, nor any constitutional excitement or disturbance occurred.

March 2d. Removed the ligatures; prescribed a solution of ammonia, iron, and alum, an ounce of the salt to a pint of rain water, to be used as an injection into the vagina, to restrain the leucorrhœa and aid in the process of cicatrization. The patient has remained in bed until this time. To-day placed the patient standing upon the floor, and found the womb fast in its proper position, vagina contracted, and cicatrix perceptible.

April 1st. The patient was supplied with a pessary, to be worn for some months. She was allowed to go about her daily employment.

Aug. 17th. The patient is and has been entirely relieved since the operation, now six months. There is no indication of a descent of the womb.

Case 4th.—Mary M., æt. 42; widow for four years. The patient has had five children. The first two and the fourth were stillborn. The third lived one month, and the fifth three months. Her labors had always been hard. It is seven years since she had her last child. Three years and three months ago, com-

plete procidentia occurred suddenly, after a strain, without any precursories.

Various pessaries have been tried in her case, but without avail. For the last three months the womb has not been reduced. Upon examination, the uterine tumor is found completely without the vulva, congested and enlarged to a size of four inches in its transverse, and six inches in its conjugate axis. The os uteri was ulcerated to the size of a circle of two inches in diameter. The organ was tender and painful to the touch, blue from the muscular tension and partial strangulation to which it was subjected. The patient presented a very pale and anæmic appearance.

An operation, similar to those already described, was performed August 25th, 1860, assisted by Drs. L. A. Smith, Woodhull, Cross, E. P. Nichols, Lehlbach, Tichenor, and E. D. G. Smith, the patient being under anæsthesia by ether and chloroform. Five ligatures were used.

Sept. 1st. One week after the operation, no untoward symptom; uterus in situ.

Sept. 8th. Ligatures removed; cicatrix formed; the womb remains in its proper place; the patient is as yet in bed, but is rapidly recovering health and vigor.

The following drawings, illustrating the last case, will show the mode of operation.

Fig. 1.

Fig. 1, presents the uterus as prolapsed, enormously congested and enlarged, with ulcerated and hypertrophied os.

Fig. 2.

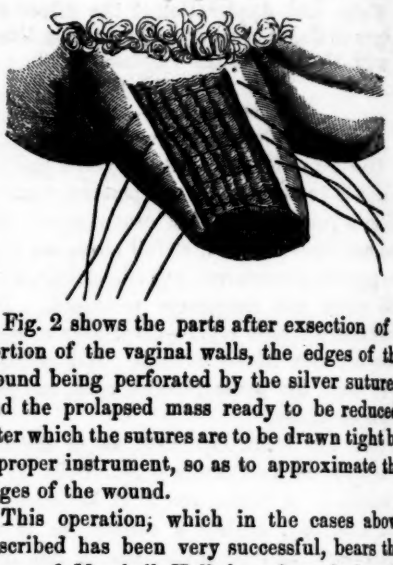

Fig. 2 shows the parts after exsection of a portion of the vaginal walls, the edges of the wound being perforated by the silver sutures, and the prolapsed mass ready to be reduced, after which the sutures are to be drawn tight by a proper instrument, so as to approximate the edges of the wound.

This operation, which in the cases above described has been very successful, bears the name of Marshall Hall, by whom it is said first to have been suggested. It is, however, a disputed point with whom it originated. Chelius, in Syst. Surgery, vol. ii., p. 379, says that Velpeau, in a clinical lecture, credits Gérardin with its authorship, who described it in a memoir which he presented to the Medical Society of Metz or Nancy, but was never published. He proposed to contract the vagina, and if necessary even to obliterate it in women in whom the catamenia had ceased. He found many opponents to his ideas, which were rejected. Velpeau does not mention in what manner it was proposed to effect the contraction of the vagina, neither does Gérardin himself, in his letter to the Academy, (Gaz. Med., vol. iii., p. 515,) in which he says that before 1823 he had proved that the pessary might be replaced, and the cure of prolapsed womb be effected, by a surgical operation. It is therefore just possible, though not very probable, that Marshall Hall might have been aware of Gérardin's suggestion, before he proposed and had his operation performed by Hemming, in the autumn of 1831.

The present State of Ophthalmoscopy.

By Max Kuechler, M. D.
Of Newark, N. J.

No. 5.

The foramen opticum scleroticæ and choroideæ forms, analogous to the pupil, a second optic foramen, with this difference only, that the latter serves for the transmission, the former, for the reception of light. Thus the foramen opticum serves as a gateway for the luminous impressions of the optic nerve.

It is almost incredible, of how many various diseases this small space, which the optic foramen, with its immediate surroundings, and the intra-ocular end of the optic nerve occupies, may be the seat; and yet it is so.

But in order to correctly describe the forms of disease met with by the ophthalmoscope, it is necessary to say a few words on the normal relations of this region. In order to illuminate the optic pupil, the examining physician is to hold his head straight, the eye to be examined is to be turned somewhat inward, about in the direction of the ear of the same side of the examiner; in other words, if the right eye is to be examined, it ought to be directed towards the right ear of the examiner, and *vice versa*. Surrounded by the red fundus of the eye, already described in a former paper, we see a clear whitish disc. This is the intra-ocular end of the optic nerve. (Fig. 1, c.)

Fig. 1, a, b, c.

An oblique margin (Fig. 1, b,) surrounds this disc, but sometimes not completely; this is the choroideal margin. Outside of this dark margin, and inside of the red background, there is a light circle. (Fig. 1, a.) This is caused by the scleroid which turns around the optic nerve, and projects somewhat above it, thus forming, when illuminated, the clear scleroidal margin. The breadth and completeness of these margins, especially of the choroideal vary very much in the healthy eye.

The intra-ocular end of the optic nerve is clear and transparent back to the lamina cribrosa, (Fig. 2, a,) where the nerve fibrillæ commence. These somewhat darker fibrillæ give

Fig. 2, a, b.

to the transparent intra-ocular part of the optic a slightly shaded appearance, and hence also of a slight convexity. But examinations of the transverse section of the optic have shown that its intra-ocular portion is not convex, but presents in its centre a small excavation.

From the centre of the bright disc—sometimes, however, not entirely concentrically—there arise the arteria and vena centralis retinæ. (Fig. 1, d and e.) The course of these vessels varies, and is perhaps in no two persons the same. The veins are distinguished from the arterial vessels by their darker coloring, and their somewhat straighter course.

The pathological changes of the optic foramen of the scleroid and the choroid, were first studied by Dr. Liebreich. Professor von Ammon has recently taken the subject in hand. But the whole matter, at present, is known more in a pathologico-anatomical, than an ophthalmoscopic point of view. I shall limit myself in this respect, to the description of a few pathological forms which Ammon[1] has described.

Of the congenital diseases of the foramen

[1] Beitræge zur pathologischen Anatomie des intra-ocularen Sehnervenendes behufs der ophthalmoscopischen Diagnose von Krankheiten des Augengrundes. Mittheilung an Hr. Dr. A. v. Græfe, in Berlin, von Dr. v. Ammon, in Dresden.—Archiv.—Band vi, Abth. I.

opticum scleroticæ et choroideæ Ammon adduces:

1. An elongated, sometimes gaping form of the foramen in consequence of insufficient closure of the fœtal slit of the scleroid,[1] during the coalescing process with the fibrous neurolemma.

2. Hypertrophy and inversion of the scleroidal fundus in the neighborhood of the optic foramen, in consequence of pathological processes, especially of parenchymatous inflammation in the scleroid or choroid coat.

3. Isolated hypertrophy of the scleroidal parenchyma without inversion.

As pathological changes of the foramen scleroticæ et choroideæ opt. Ammon adduces:

1. Changes of the round form of the foramen into an elongated form, or diminution of its diameter, in consequence of a chronic inflammation of the choroid, especially on its outer surface, resulting in an agglutination of the choroid with the inner surface of the scleroid.

2. Melanotic deposits upon the periphery of the optic foramen; these deposits, however, not being choroideal pigments.

3. Fungous deposits.

4. It is exceptional that we find in the choroid or scleroid calcifications, or ossifications, inasmuch as they seldom extend to the optic foramen. But they may arise here independently of any affection of both of these membranes.

5. Disappearance of the pigment of the intra-ocular choroideal surface, by which the margin of the choroideal optic foramen fades or disappears.

6. Increased pigmentary, or melanotic deposits, in consequence of which the black choroideal disc around the optic nerve is rendered much more distinct.

7. Softening and gelatinous absorptions around the margin of the optic foramen, taking its origin from the elastic lamina of the choroid.

8. Disappearance of the choroideal margin, and softening with formation of folds at the margin of the optic foramen.

9. Pigmentary deposits protruding from the margins of the foramen opticum choroideæ, analagous to that which takes place on the pupilar margin of the iris, frequently appearing serrated, and covering the exterior contour of the optic nerve.

These are the essential changes of the optic foramen of the scleroid and choroid. It is easily to be seen that, however readily a series of these pathological products may be recognized, there is yet a rich field for observation and study in this respect.

(To be continued.)

[1] See Ammon.—Entwicklungsgeschichte des Auges, Band iv., Archiv für Ophthalmologie.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. F. Meigs.

Double Pneumonia. A. E. F., 19 years of age, was admitted August 28th, 1860.

She states that she has never been sick, except an occasional headache. Both her parents died eleven years since, with consumption. About three months ago she had an attack of illness, in which she suffered with severe pains in the chest. She was in bed with fever for two weeks, and confined to her house for two weeks longer. On that occasion, she spit up a large quantity of pure blood—perfectly clear—she says, about a pint.

After this attack, she was for a time in good health until August 24th, when she did not feel perfectly well. On Saturday, next day, she scrubbed out of doors all the morning, till 2 P M. She laid down soon after dinner, in her wet clothes, and soon felt cold; she had a chill, and was seized with acute pain in the left mammary and lateral region, and also in the back.

On Monday afternoon she spit blood, not pure, but mixed with thick phlegm. On Monday evening she got up and walked several squares. After reaching home she went to bed, and spit up more phlegm and blood.

She was admitted into the hospital Tuesday the 28th. I found her with a pulse of 128, small, skin moderately hot; the respiration was very much embarrassed; inspiration *heaving, jerking*, almost spasmodic, with much effort of the muscles of the neck, for instance the sterno-cleido mastoid, etc.; expiration was easy.

There was acute pain in the lateral region; percussion dull over the left scapula, and downward. In this region the respiration is of a distant bronchial character, with occasional rare crepitation. On the right side nothing abnormal was detected.

Ordered ℥vi of blood taken by cups, Pulv. Opii gr. ½, with Pulv. Dover. gr. ii, every two or three hours; sinapisms, light diet, milk and bread, light soup.

Wednesday, August 29th. The patient is much more comfortable, respiration easier, without the jerking inspiration. The expectoration is not very copious, the sputa viscid, and here and there tinged rusty. The pain in the left side continues. Dulness behind is still marked; at the point of the left scapula, and over the left inter-scapular space, there is strong metallic, bronchial, or tubal blowing respiration, mixed with fine, dry crepitus. Her cough is very painful and violent, expectoration rusty and viscid, not very abundant. Ordered dry cups over the back, and substitute for the pulv. opii, in pills, gr. ss. of antimon. sulph. præcipit. every two hours.

Thursday, 30th. The patient is worse; respiration more frequent and laborious; pulse 140, regular; face flushed, dusky red over the malar bones. Tongue is dryish and furred. On percussion, the dulness over the left back is found to be less. At the point of the scapula the bronchial respiration is rather less metallic, and on inspiration there is a coarser crepitation.

On the right side the percussion sound is very dull from the point of the scapula, and at that part the most beautiful fine crepitation in puffs is heard, limited absolutely to the inspiration. There is a very violent paroxysmal cough. Expectoration is increased, well marked rusty, sputa viscid, adhering in strings to the edge, or closely to the bottom of the cup. There is acute thirst, no diarrhœa, no headache, no epistaxis, no rose-colored spots or gurgling.

The pills are to be continued; wine whey ℥ii every three hours, chicken tea every three hours; blister 6 inches square over the sternal region.

Friday 31st. Better; pulse 108, skin less hot, facial flush not so marked, respiration easier. Percussion sound very dull on right side, on left side clearer.

Continue remedies.

Sunday, September 2d. Much better.

Monday, 3d. Respiration very easy; pulse 92, skin almost natural, soft, some moisture; percussion over left back nearly natural, and respiration vesicular. Over the right back percussion still too dull, though much less so than before, with bubbling râle; cough easier, less frequent, pain very much diminished. Expectoration less in quantity, still viscid, but becoming whitish. Tongue clean and moist, less thrist.

Continue the same treatment, giving pills, only one in 4 hours.

Throughout the whole attack the percussion in the clavicular region was sonorous, and respiration natural, cardiac sounds natural. There were no abdominal symptoms, no delirium, no epistaxis, no eruption. The form of the thorax was good, no flattening in front whatever.

General Remarks. As to the frequency of double pneumonia, Walshe says, that of 1,430 cases of pneumonia, 742 were of the right lung; 426 of the left, and 262 of both organs. Of the cases of double pneumonia,—18.3 per 100 of the whole series—it is to be observed that the great majority were not so from the outset; the implication of the second lung was secondary in point of time. Walshe thinks that the proportion given above is probably too large, as fine bubbling râles have often been mistaken, he thinks, for true crepitation, and a double capillary bronchitis put down as a double pneumonia. The double disease is less common, (1 in 12,) in adults, than in early infancy and childhood.

In 264 cases the upper lobe was affected in 101, the lower lobe in 133, and the middle part 30 times. Pneumonia commencing about the middle of the lungs is rarely primary, but commonly either a sequence of endo-pericarditis or of blood origin,—a fact of obvious practical significance.

Service of Dr. Hartshorne.

[Reported by Edward Livezey, M. D., Resident Surgeon.]

Abscess in the walls of the Abdomen, communicating with the Intestines.

S. H., age 36, by trade a shoemaker, was admitted into the Pennsylvania Hospital June 4th. He stated that for the last five years he had suffered from pains in the back, and a feeling of general debility. About five weeks before his admission, he caught a severe cold, which settled upon his breast; as that left him, he began to complain of soreness in the lower half of the abdomen, which increased to severe pain, with hardening of the whole surface, and tenderness upon pressure. He soon noticed a small tumor, which enlarged slowly, and at the time of his admission formed a considerable swelling, a short distance above the pubes. He was a good deal emaciated and anæmic, and his bowels were costive.

It was thought that the tumor might in some way be connected with the bladder, but on examination this was found not to be the case. The patient was ordered tonics, with good diet and opium at night. The tumified surface was painted with tr. iodine, after the third application of which, poultices were applied, and continued for about three weeks, at which time the integuments began to inflame, and gave evidence of suppuration. For two or three days the swelling enlarged rapidly, and presented the

appearance of a large sac upon the surface of the abdomen, which upon percussion was found tympanitic. It was thought best not to interfere with it, as the integuments showed signs of giving way, and the next day, July 2d, suddenly opened at a point midway between the umbilicus and pubes in the middle line of the abdomen, and discharged a large quantity of thin, flaky pus and gas, having an intensely fæcal odor.

This relieved him very much of his pain and uneasiness, and his general health for a time seemed to improve. His bowels continued costive, but f℥j of castor oil produced a free evacuation, natural in appearance, and containing no pus. A few days after the discharge, an opening appeared in the right iliac region, surrounded by a black slough, and communicating beneath the skin with the first one. The discharge of pus continued, but gradually lost its fæcal odor, and became healthy in appearance.

15th. Appetite and general condition improved; pus perfectly healthy. He was ordered tr. ferri. chl. gtt. xv, ter die, and zinci chl. gr. v. to f ℥j of water, was injected daily into the openings.

Aug. 1st. No change, except a diminution in the amount of discharge.

10th. A few days ago he had an attack of diarrhœa, and has had at times, from the central opening, a black discharge, having a fæcal odor, and supposed to come from the intestines.

15th. Rather weaker. Very little discharge of pus, with some fetid gas from the central opening. Complained of sharp pain around the abscess. In that way he continued until the morning of the 22d inst., when he had a free discharge of fæces from the central opening. General condition about the same. Increased his stimulants and diet.

26th. Rather better; has rested well for the last few nights, pulse better. Fæcal matter and gas, with a small amount of pus, continued to pass from the opening.

30th. Not quite so well, pain more violent, appetite not so good, pulse frequent, and not so full as it was.

Sept. 7th. General condition has been about the same. The hardness around the abscess has extended into the left iliac region, and he has complained of more pain for a few days past.

(*The report to be continued.*)

Lacerated wound of the Hand, involving all the Metacarpal Bones.

Wm. U., machinist, age 25, was admitted to Pennsylvania Hospital August 29th, with a transverse wound of the back of the right hand, and of the ulnar side of the right thumb, produced by a circular saw. The saw had completely divided the four metacarpal bones of the fingers, just below the carpal articulation, together with the soft parts, entirely through to the palmar integuments, leaving these untouched. The metacarpal bone of the thumb was partially exposed on the side next the forefinger; a small portion of its middle third, about half an inch in length, and one third of the diameter of the shaft in thickness, together with the soft parts directly over it, having been cut away so as to uncover the medullary cavity of the bone.

The stumps of the metacarpal bones of the fingers, were carefully detached from the carpal bones, and the remaining fragments of muscle, tendons and nerves cut off and removed from the palmar flap. This flap was then cut through, transversely, about half an inch above the distal margin of the palm, so as to remove the already severed fingers, and at the same time provide an ample covering for the denuded wrist and the lacerated thumb. Although the stump was easily and securely covered by attaching the long palmar flap to the retracted skin, upon the back of the wrist, with several iron wire sutures, the irregular form of the margin of the wound upon the side of the thumb, rendered it difficult to bring the edges of the wound together at this part, without considerable stretching. The wound was completely closed, however, and in such a manner as to render it obligatory, in the opinion of the attending surgeon, (Dr. E. Hartshorne,) to attempt to save the thumb.

More mischief was to be apprehended from the defective and torn condition of the flap over the thumb, than from any tension to which the sound parts were subjected, as this tension was not so great as had been already found to operate without disadvantage in similar wounds of the hand, in which the metallic sutures had been employed, and had done great service.

Another difficulty arose from the retraction of many bleeding vessels, and from the laceration and displacement of others. Several small ligatures were applied, the wound was irrigated with cold water, and left open for an hour until the hemorrhage appeared to have subsided, and after the edges of the flaps had been carefully attached together with the iron wire sutures, the stump was further supported, and slightly compressed by means of a dressing of adhesive strips, and a wrapping of patent lint, saturated with a lotion of lead water and extract of Belladonna. The arm was then lightly bandaged to a pistol-shaped splint, placed in an elevated position on a pillow, and left to be watched by an assistant to guard against the recurrence of hemorrhage.

An anodyne draught of morph. sulph. gr. ss. in solution, with spt. æth. nit., and aq. camph. was

given at once, and ordered to be repeated every four hours, as required. Fever, with delirium, came on in the course of the night, some eight hours after the operation; and the patient, in his restlessness, disturbed the hand a good deal, so as to bring about some return of the bleeding, but not enough to require any interference with the wound. Since then the integuments of the forearm have been somewhat red, swollen and painful; but the stump is free from irritation, and has not appeared to be injuriously or painfully disturbed. The thumb looks well, is not very painful, maintains a healthy temperature, and may be slightly flexed by the patient without trouble.

Aug. 31st. Stump looked well. Fever subsided. Stopped the diaphoretic mixture.

Sept. 1st. Return of fever, with slight delirium; toward evening ordered tr. verat. virid., gtt. iij., liq. ammon. acetat., aq. camph. aa. f℥iss. every two hours.

3d. Fever again subsided, pulse not so full, discontinued the veratrum mixture, and ordered a wine glass of milk punch every two or three hours, pro re nata.

5th. The cellular inflammation has extended above the elbow, but its violence had diminished. There was no tension over the wrist and thumb, and the stump felt more comfortable to the patient. Suppuration was going on moderately and naturally between the flaps, except on the thumb; and here, as was expected, there was some superficial sloughing, but not enough to endanger materially the integrity of the parts beneath, or to expose them to the air.

The wire sutures all retained their hold without cutting, or straining the skin at any point, and without apparent irritation.

His general condition was improved, and spirits good. Ordered him a more generous diet, and continued the milk punch.

7th. He vomited frequently yesterday, and was restless last night. On removing the dressing, it was found that there was an extensive suppuration of the forearm, extending from just above the wrist to the elbow. A free opening was made about three inches above the wrist, which gave exit to a large amount of pus, with a slough of connective tissue. A flaxseed poultice, wet with the lotion of lead water and ext. belladonna, was applied over the whole forearm, instead of the lint dressing, and a wine glass of beef essence every two hours, was ordered.

8th. I was called to see him about eleven o'clock, P. M., and found him in a state of maniacal delirium, with difficulty of respiration and deglutition, pulse quick and feeble, skin hot, and bathed in perspiration. Ordered him morph. sulph. gr. ¼ every two hours, and brandy f℥ ss. every hour. In the morning he was more exhausted, but was not quite so restless and noisy. The difficulty of respiration and deglutition was more marked, with twitching of the muscles of a tetanoid character, about the mouth and neck.

He sank rapidly, and died about one o'clock the same day.

EPISCOPAL HOSPITAL

Service of Dr. Kenderdine.

[Reported by Henry R. Tilton, M. D., Resident Physician.]

Compound comminuted fracture of the Knee Joint occurring in a Somnambulist—Amputation of the thigh—Sloughing of the stump—Recovery.—Mrs. ——— aged 35, for some years a care taker in a children's Asylum, which she had left a month before her injury. While there she had been accustomed to rise at all times to attend the children. On the night of her injury she was sleeping in the third story of a house, near a window, and dreamed that one of the children had fallen from the bed; going to its assistance, she walked out of the window and fell to the pavement about 25 feet below.

She was found by a police officer, and brought to the hospital. The patella was crushed, the integuments torn for several inches, a fragment of the femur sticking out, and a fissure extending through the condyles. The hemorrhage was very small; she was suffering greatly from the shock, which was treated by external applications and diffusible stimulants, wine, carbonate of ammon., etc.; reaction was very slow, for several days it was thought she could not live, on account of concussion of the brain. On the fourth day after admission, it was decided, upon consultation, to remove the limb, which was done, after etherization, by the circular method, and the flaps closed by suture adhesive strips and bandage. The dressings were made light, as the weather was warm. She was freely stimulated with punch, beef tea, and wine and egg mixture. On the third day the dressings were opened, and the flaps found sloughing. A fermenting poultice of porter and flax seed was applied until the slough separated, leaving the integments and muscles on a level with the bone. The parts were drawn together by straps, and supported by bandages; in two weeks, when they had contracted as much as they would, a strong retractor, cut to fit the bone and cover the stump was then applied and firmly drawn, while the muscles were pressed back from the bone with a blunt instrument, and two inches of bone sawed off. The edges were now drawn together by adhesive plaster, and in three weeks the wound had healed, presenting a finely rounded stump. There was no necrosis. The second removal of the bone gave the patient

much more uneasiness than the first operation; no blood was lost.

Luxation of both shoulders downward, from muscular action, while dreaming.—J. B., aged 43, a German, had dined on sauer kraut and the accompaniments peculiar to that nation. While sleeping on a settee, after the meal, he was attacked with nightmare, and imagining himself falling from a great height, suddenly threw out his arms to seize something above him. The motion wakened him, when he found his shoulders painful and stiff; such is his account.

As he thought he had taken cold, he bathed the parts with a domestic liniment, before he sought medical advice. On the sixth day he was admitted into the hospital, presenting, as he carried his arms widely from his body, a very grotesque appearance.

The signs of downward dislocation were well marked, such as, the sub-acromial depression, the head in the axilla, and the inability to place the elbow against the side while the hand was carried to the opposite shoulder. As the muscles were firmly set, he was etherized, when the bones were easily replaced by pulling upon the arm while the heel was in the axilla. He was kept in the bed for one week, when he left the house at his own request. The case is interesting from its rarity.

Three cases of fracture of humerus, with the results.—Case 1. *Fracture of surgical neck; axillary abscess in the fifth week.* Fred. L., aged 59, was thrown from the top of a fence, twenty-four hours before admission. He struck his shoulder, causing much contusion, and breaking the humerus at its surgical neck. The parts were much swollen, and the arm, by measuring from the tip of the acromion to the external condyle, found to be nearly an inch shorter than its fellow. There was great sharpness of the fragments which were drawn toward the axilla. The limb was placed in a sling, the patient confined to bed for three days, and purged with sulphate of magnesia, and the joint wet with lead water and laudanum; the swelling then having somewhat diminished, the whole arm, from the fingers to the axilla, was bandaged, and a few turns carried around the chest by the spica; the shoulder was embraced in a gutta percha splint moulded so as to enclose the arm half way round and reaching nearly to the elbow; a splint padded like a wedge was placed on the inner side, with a view to press the ends from the axilla, but as it caused much pain, it was soon abandoned; the arm was placed in a sling with the elbow free, that its weight might draw the fragments in place. The dressings were re-adjusted every second day.

In the third week, gentle passive motion was resorted to; in the fourth, all dressings were removed, except the sling, and the arm was freely exercised to prevent anchylosis, as the muscles were quite stiff. In the fifth week, a very large axillary abscess formed, which, after a profuse discharge, healed rapidly.

The man left the house in forty-three days, with firm union, and some shortening, but the motion good.

Case 2. Fracture of upper part of humerus, with displacement of a fragment, complicated with persistent œdema.—J. Mc., aged 55, the night before his admission, fell into a cellar and fractured the upper portion of the humerus. The parts were much swollen, there was a depression under the acromion, and a lump, feeling like the round head of the bone, could be felt near the coracoid process; when motion was made, crepitus could be heard, but it was more like the muffled sound emitted from rigid tendons, when they are stretched, than the grating of broken bones. As manipulation was painful, he was etherized for the purpose of making a more satisfactory diagnosis. The limb measured, as in the former case, was found not shortened; the elbow could be placed against the side, and the hand carried to the opposite shoulder, thus excluding the possibility of dislocation; every effort to force the prominence from the coracoid process, was abortive, it returned to its unnatural position as soon as pressure was removed; it was probably one of the tubercles.

The treatment was not materially different from the former case; confinement for a few days in bed, the parts wet with tincture of arnica, and then the bandages, splints and sling as before; the œdema lasted till the fifth week, when the bony lump could be distinctly felt under the pectoral muscles. There was much callus thrown out, yet the degree of motion was surprising; he could raise the arm to his head, move it tolerably well forward and backward, but was unable to rotate it. He left the house in eight weeks.

Case 3. Fracture of Surgical neck—Mania-a-potu—Death—Autopsy.—D. F., aged 42, fell on the pavement and broke the humerus at the insertion of the pectoralis major; the integuments were but little bruised. He walkod directly to the hospital. He Was blanched, sweating in large drops, and trembled like an aspen leaf. He stoutly denied drinking, but appearances were decidedly against him. Some whiskey, with fifty drops of laudanum, was given at once, and as no swelling had taken place, the proper splints and bandages were applied, and the patient put to bed: This was in the morning, and before night the evidences of delirium tremens were well marked. Brandy and laudanum were given, and on the second day the neck blistered and dressed with acetate of morphia; he was nourished with beef tea,

but became rapidly worse, and died on the third day.

We were allowed to remove the broken bone, and found the fracture very slightly oblique, indeed almost transverse; the edges of the bone were deeply serrated, the external lamina extremely thin and vitreous, so that a number of lozenge-shaped fragments were split entirely off; the cancellated structure was much greater than in a healthy bone, and seemed very spongy; there was much blood effused, and the under surface of the deltoid torn. We are unable to say whether there was any organic disease of the body, but strongly suspect there was, from the prostration of the man, and his sinking so rapidly after the injury. The above cases were all caused by direct blows.

EDITORIAL DEPARTMENT.

Periscope.

Professor Fritz has come to the following conclusions on the subject of uræmia:—1. When the urinary secretion is arrested, excrementitial matters accumulate in the blood, and especially urea. 2. Consecutively also to the absorption of urine already secreted, the blood is charged with urea. 3. The urea passes from the blood into all the excretions of the body. 4. But it is found most frequently, and in greatest quantity, on the mucous membrane of the intestines. 5. It is there decomposed into carbonate of ammonia by the intestinal liquids. 6. And thus are generated irritation, softening, catarrh, excoriation, and dysenteric destruction of the intestinal membranes. 7. Ammoniacal poisoning of the blood is caused by the absorption of ammonia from the intestines.—*Med. Times.*

Uselessness of Sarsaparilla.—Professor Sigmund, the Vienna syphilographist, has been conducting a series of experiments with carefully prepared sarsaparilla, and has come to the conclusion that the employment of this substance alone in gonorrhœa, or in primary or secondary syphilis, is of no essential service; while the efficacy of other decoctions which contain it, especially Zittmann's, is not due to the fact of their containing sarsaparilla. He refers to the enormous expenditure which is incurred for this drug throughout Europe, and which he evidently regards as so much money thrown away as far as spyhilitic affections are concerned.—*Zeitschrift der Aerzte zu Wien*, 1860, No. 1.

M. Schiff's experiments on the subject of diabetes seem to settle the heretofore debated question, how the sugar comes to accumulate in the blood. The two theories held on this subject were:—1. That the actual quantity of sugar formed was abnormally great, in consequence of increased activity of the liver in its formation; and, 2. That the quantity formed in the liver was not actually greater than normal, but that the ferment, an hypothetical agent, which caused its transformation in the blood was defective, and therefore the sugar accumulated. M. Schiff apparently decides the question. According to him, the excess of sugar in the blood, as found in artificially produced diabetes, results from an excessive formation of sugar in the liver. M. Schiff found that diabetes could be produced by the induction of an hyperæmic condition of the liver—a simple mechanical hyperæmia! He found the same thing result on removal of the spleen, whereby the liver was congested.—*Med. Times.*

Trephining in Syphilitic Disease of the Cranium.—Mr. H. Lee reported to the Royal Med. and Chirurg. Society (*Med. Times*) the successful trephining of three cases of syphilitic caries or necrosis for the relief of paralytic or epileptic affections, produced by the proximity of diseased bone to the membranes of the brain. The immediate objects of the operation were to remove the cause of irritation from the surface of the dura mater; to allow the discharge of any matter there secreted; to establish a healthy suppuration from one part of the membrane, whereby the irritation caused by the prolonged contact of diseased bone would be relieved.

Reviews and Book Notices.

Transactions of the Medical Society of the State of Pennsylvania, at its Twelfth Annual Session, held in Philadelphia, June, 1860.

This volume of 181 octavo pages, published by the Society, was received several weeks ago, and we avail ourselves of the earliest leisure to congratulate the members of the Society upon its timely appearance. Usually these Transactions were not ready for distribution until the close of the year, and indeed, in a few instances, not until the ensuing year was far advanced. Much of the interest which attaches to proceedings of the kind under review, is frequently lost by the delay—some-

times, it is true, unavoidable but mostly inexcusable—in their publication. The committee, therefore, who were charged with their publication are entitled to the unqualified thanks of the profession in the State, for the promptitude with which they executed their laborious and usually thankless task.

But, while bestowing this "meed of approbation," it is to be regretted that clerical and typographical errors in the orthography of names of delegates—in which accuracy is particularly desirable—were suffered to pass uncorrected, especially as similar errors, in some of the same names, had occurred in the Transactions of last year. So, also, a number of delegates, both regular and ex-officio, are marked absent, who to our positive knowledge were present, and participated in the proceedings. Such errors might easily be avoided, by a careful comparison of each name with the signature as contained in the "register," which is always accessible to the committee, or, in the case of absent delegates, with the name on the list of members as generally furnished with the County reports. Besides, from the careful manner in which the Society provided for the appointment of the Committee of Publication, the Recording Secretaries, Treasurer, and Corrosponding Secretary being constituted *ex-officio* members, it is doubtful whether it was originally contemplated that the whole burden should devolve on the chairman alone. As regards the minutes proper, especially if the proofs of these were submitted to a careful revision by several members of the committee, we venture to affirm, fewer errors of the kind complained of would be discovered; and the proofs of all addresses, papers, and reports referred for publication, it would generally be more satisfactory if the authors themselves, as is the case in the American Medical Association, had an opportunity of correcting.

Other inaccuracies also exist in the body of the minutes, to which our limited space, however, will not permit us to refer in detail.

In our issue of the 23d of June, we published, *in extenso*, the minutes of the Society. It seems therefore unnecessary to recapitulate, and we shall pass over this portion of the volume, by simply referring to a few items, perhaps of general interest, which then escaped the notice of our reporter, and all of which, either directly or indirectly, have more or less bearing on the *great* object of the Society—the complete organization of the profession throughout the State. Prominent among those, are a preamble and series of resolutions, deploring the unorganized condition of the profession in the State, regretting that much of the scientific advantage, ethical influence, anticipated at the formation of the Society, therefore remain unrealized, and reinstructing the officers, censors, and committee of publication, to put forth vigorous efforts during the present year to effect organizations in counties where none now exist. The means of accomplishing this desirable end are also partially pointed out—through the free circulation of the present volume of the Transactions, in localities where these have not hitherto been received, and addressing also a circular letter to prominent medical gentlemen in every portion of the Commonwealth, urging upon them the importance of medical organization, and earnestly soliciting their active co-operation with the State Society in effecting it. However ineffectual similar efforts may have been in the past, and whatever differences of opinion may exist in regard to the best means of successfully arousing the professional mind of the "Keystone State" to the admitted importance of this great work, there can be no question but that the machinery indicated in these resolutions, if properly put in operation, is sufficient to accomplish an immense amount of good. The moral and professional weight of *thirty-four*—the number embraced in the instructions—of the most distinguished and influential members of the State Society, distributed through the several counties usually represented, we should think alone equal to almost any undertaking. We hope, therefore, we shall hear of the most glorious results.

Another measure, bearing upon this same subject, is the earnest and timely protest of the Society "against any expensive receptions or entertainments in future, and against every other arrangement that may be calculated to divert its attention from the legitimate objects for which it was originally organized, believing that, in a profession like ours, among the members of which wealth is so unequally distributed, the practice of suitable economy, and a concentration of effort on useful, practical and scientific inquiries are essential to a speedy and complete organization of the profession in Pennsylvania." This resolution is accompanied by another, in which the delegates pledge themselves to carry out, in *good faith*, its spirit and object in the future.

A reform of this kind has long been needed, and is also loudly called for in the American

Medical Association. In both institutions such a change would, we predict, produce the most salutary scientific results, to be witnessed in the improved character of the Transactions. Especially as regards the Society whose proceedings have suggested these remarks, if the "*programme*" of arrangements will hereafter be made, in every instance, to conform strictly to this resolve, in our opinion it will do much towards effecting the great object in view. As the Society is a migratory body, originally not designed to meet two successive years in the same place, its sessions will now, no doubt, frequently be held in our smaller inland towns, and will thus infuse new life and vigor into the local societies there, as well as awaken interest and a proper degree of emulation among the profession in the neighboring counties, where no societies exist. The unequal tax formerly imposed upon a few of the more prominent practitioners in a county, may have been, in some instances, a serious barrier to its sessions being held in localities where the membership of the county societies is limited.

We perceive, with pleasure, other evidences in these proceedings of the zeal with which the Society seems to be pushing forward this great work of organization. Two instances may suffice. The one we find in the proposed amendment to the constitution, which will permit "members of the profession in a county where no society exists, to unite," temporarily, until a society is formed in their own county, "with the association of any adjoining county." In fact, if our memory does not greatly deceive us, this amendment was passed by a constitutional vote—*nemine contradicente*—although, according to the minutes, it is made, unfortunately, to lay over until next year. The other is the proposition of the nominating committee, so generally concurred in, to hold the sessions of the Society even in localities where the profession have apparently taken little interest in promoting the objects of the Society. This certainly seems to be a step in the right direction, and is carrying out the views of many of the founders of the Society—some of whom are "numbered among the immortal dead."

In a future number we may resume this subject, and speak of the comparative merits of the volume as a whole, and more in detail of the value and excellency of the several papers and reports contained in it.

Dr. W. H. Doane has been elected Superintendent of the Louisville Marine Hospital.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, SEPTEMBER 15, 1860.

☞ THE TIME TO SUBSCRIBE! ☜

The FIFTH VOLUME *of the* MEDICAL AND SURGICAL REPORTER, *in its weekly form, will begin on the 6th of October next.*

From that date the REPORTER *will be* FURTHER ENLARGED *to the extent of* EIGHT PAGES *weekly, and improved typographically.*

Arrangements have also been entered into by which still further improvements will be made in the literary department.

The REPORTER *has become the leading Medical Periodical of America. It has attained this position by representing the* WHOLE *profession, independent of any school, party, or publishing interest,* AND WILL MAINTAIN IT.

Thanking those who have hitherto sustained and placed it in a position of such extended usefulness to the profession, we can assure them that they will still find it worthy of their support and confidence, and again remind them and the profession generally, that

☞ NOW IS THE TIME TO SUBSCRIBE. ☜

—o—

SELLING POISONS.

It must have been an appalling scene to see that young girl, only seventeen years old, who, in a fit of wild despair, had taken a dose of arsenic, struggling for life in the New York Hospital, and finally succumb. One more unfortunate gone to her last account! It is very unlikely that this young woman, and hundreds of others who have gone the same way before her, committed suicide in consequence of any long premeditated desire to abandon life. However shadowy and dreary the world may have appeared to her—at seventeen no young woman commits suicide philosophically and systematically. It is the rash act of a whirling brain, from which reason has been dethroned, and which is

tossed about on the wild seas of passion and despair.

It is exactly to meet such cases; to prevent these victims of sudden passion or despair from making the last fatal leap, that humane laws, regulating the sale of poisons, have been passed in some of our States, and among these in New York. But where was the law in this case? The poison, we are informed, was purchased by the girl at a drug store in West Broadway, the persons in attendance not asking any questions as to her name, residence, or purpose; and, what was worse, without even a label on the package. Such criminal carelessness, such cruel cupidity, ought to be punished as severely as the law directs. But while thus the laws are openly violated by unscrupulous druggists, who sell poisons to the insane and criminal without asking a question, and who are foisting upon us, in the name of the goddess Hygeia, miserable quack nostrums, by which they poison the ignorant masses, it has been reserved to the great metropolis of this Union, to present us the spectacle of *public authorities* trampling law under foot, and making themselves the shielders and abettors of these poisoners by criminal neglect and cupidity. After the death of the girl, we are told, Dr. Griscom, under whose service in the hospital the case had occurred, inquired into the case, and endeavored to bring the culpability of the druggist to the notice of the authorities. But his intentions were frustrated "*by the hasty and inefficient manner in which the coroner disposed of the case.*" A *post mortem* examination was refused, and no means taken to summon the proper witnesses to convict the druggist of violating the law, or even the facts to reach public attention; the druggist being, it is further stated, a brother-in-law of a prominent city official, the head of one of the departments!

This explains the matter. Who is fool enough to expect the laws to be carried out in New York, if the meanest political scavenger should thereby be discommoded? Who expects the metropolitan officials to punish offenders against the law, unless it *pays*? It would not have paid to institute proceedings against this careless, law-breaking druggist, who so kindly assisted the rash young girl in committing the last and fatal mistake of her life.

What is the good of laws, if those who are appointed to carry them out are time- and men-servers? If New York wishes to rid itself of the epithet of being a "den of thieves"—an epithet to which its municipal and juridical government for several years past fully entitles it—her people must begin, not by making new laws and passing new bills, but by sweeping off the political chess-board the old rotten pieces that encumber it, and by electing men to official positions who will administer the law righteously to all men, instead of trampling them under their feet.

At a late meeting of the New York Sanitary Association, Drs. Percy, Roberts, and Batchelder, were appointed a committee to inquire into this case. We hope they will succeed in bringing the guilty parties to account.

CLINICAL INSTRUCTION AT THE HOSPITALS AND DISPENSARIES IN THIS CITY.

The season of the year has arrived when hundreds of young men are gathering in this city, from every part of our own and from adjacent countries, attracted hither by the reputation of our medical schools. Their object is to pursue their medical studies to the best advantage, and receive authority to practice medicine from institutions of acknowledged standing and respectability, whose faculties are widely known and respected for their talents and abilities as teachers of medicine.

In view of the greater importance that is now attached to clinical instruction than has ever been before, we urge upon those having the management of our Hospitals and Dispensaries, the duty of providing every facility to teachers of medicine to impart instruction in this manner; and we trust that the latter will not be backward in using the facilities they have, to the best advantage.

The reputation the medical schools of this city have acquired, has been built up, in great measure, on the clinical advantages offered by Pennsylvania Hospital. But, as the numbers

of students that resort to this city annually increase, the facilities for clinical teaching must keep pace with the demand, if Philadelphia would retain the prestige her schools have acquired. There are in this city half a dozen general and special Hospitals, and five or six large Dispensaries, all easy of access, and all should be available for the purposes of clinical instruction. To supply the deficiency in opportunities for teaching medicine at the bedside of the sick, our colleges have, with commendable spirit, provided clinics at their own expense in the college buildings. But, besides the plan being an inadequate substitute for hospital clinics, it is not right that the colleges should be saddled with the expense, inconvenience, and in some instances, odium, of seeking patients for their clinics.

In view of the advantages to Philadelphia, resulting from so many resorting here to pursue their studies, she can well afford to provide clinical instruction free of cost. This is done in the New York Hospital, and why should not the Pennsylvania and Philadelphia Hospitals follow her example in this respect? Our most talented physicians and surgeons give their time, their advice, and teach clinical medicine for these Hospitals, free of charge, and why should they receive pay for services thus voluntarily rendered? No—these charitable services ought to inure to the benefit of a profession which seeks the highest temporal good of mankind.

Nor is this all. Thousands of the poor are prescribed for at, and attended from, our several dispensaries. All forms of disease are here met with, and the field is a wide one for the study of some forms of disease. Those who are pursuing special medical studies, and those who lecture to students on special departments of medicine, should have the privilege and the facilities for using these dispensaries for the advantage of medical science. We hope that our readers in Philadelphia—comprising nearly all the medical men in the city—will unite their influence to ours in endeavoring to secure for the profession the free use of the facilities which abound so in this city for imparting clinical instruction.

Since the above remarks were penned, we are happy to learn that the Board of Physicians of the Philadelphia Hospital have succeeded in their efforts to open the clinical wards of this extensive hospital to students free of charge. We have reason to believe that this change will be followed by energetic efforts to make the hospital still more available as a means of clinical instruction. The clinic room connected with this hospital, is, we believe, the largest and best arranged in the world, being capable of seating nearly one thousand persons.

"RIDICULE" AND "CONTEMPT."

In referring to some remarks made by the *New Orleans Medical News and Hospital Gazette*, we said that it severely ridiculed the resolutions passed by the American Medical Association. Our contemporary objects to the term "ridiculing," as applied to its criticism of the resolutions, because this term "carries with it the spirit of contempt, and our record in relation to the association shows that we have the most profound respect for it." We cannot take back the term, even if it carries the spirit of contempt with it.

"We fear the association is in danger of diminishing into a mere traveling ventilator of the few individuals, amongst which it happens to hold its meetings."

"The first honor of the association has become a mere bauble, with which to tickle the old men of the cities in which the meetings are held."

"Any amount of talk has been indulged in on the subject of medical education."

"Spouting resolutions."

"The association has allowed itself to be made a cat's-paw in the business."

If the News and Gazette *wishes* us to do so, we will call the above respectful language; but to our simple mind it sounds like nothing else than ridicule and contempt.

Another point. The New Orleans Medical News and Hospital Gazette is the organ of a school; with this we find no fault; though we would like to see medical Journalism entirely

independent of the schools. But we do not like to see the New Orleans Gazette make itself so utterly *ridiculous*, as it does, when speaking of clinical medicine, it says that it knows that no city except New Orleans can come up to the proper standard—viz: *daily bedside observation of disease in all its forms;* and when it says that "the coming session of the New Orleans School of Medicine, inaugurates the teaching of experimental physiology and clinical surgery, and ere long the example must be followed." It should read, "New Orleans has followed the example of other schools in teaching experimental physiology and clinical surgery."

We make these remarks kindly, and convinced that one of the first requisites of reform in medical schools is that their official organs should be less economizing of truth in regard to themselves.

APOLOGETIC.

We are extremely sorry to have given our most estimable contemporary, the Cincinnati Medical and Surgical News, such deep pain.

It says: "We cannot permit this opportunity to pass, without again calling attention to the subject of *exchanges*, and the necessity of special care in the direction. We find upon our table a number of the REPORTER, directed as follows: "Medical News, Cincinnati, O.," and ask where is the Medical News? Our journal was called by that name till we discovered that there *existed* a quack concern, bearing the cognomen of "*Western* Medical News and Cancer Journal," published quarterly by Dr. Newton, of the Eclectic School. We at once *changed* the name of our journal to Cincinnati Medical and Surgical News, to which address the REPORTER is not sent in exchange for such an embodiment of *cancer cures* never performed! *Quackery* on the high pressure system, and *reform* generally."

We know how important it is to the Cincinnati Medical and Surgical News to be in the proper and regular receipt of its exchanges. Consequently we summoned the clerk who writes our wrappers, into the editorial sanctum, and under fear and trembling he confessed that he had been guilty of writing "Medical News," because it was shorter. He promised never to do it again. Should the sad accident occur again, the Cincinnati Medical and Surgical News will please inform us, and that clerk will be discharged *instanter*.

As to our exchanging with the "Cancer Journal," until now, we were in blissful ignorance of its existence even, and the News and Gazette may trouble itself no more about that.

THE BALLOON VOYAGE TO EUROPE.

The preparation for the attempt which is soon to be made to reach Europe by an aerial route, although attended by many mishaps and unforeseen difficulties, has secured a confidence which will insure a proper outfit for the starting. Viewed as an adventure or exploratory voyage alone, the project deserves encouragement. The premises from which the theory of an atmospheric current tending perpetually eastward is inferred, are well-known facts in science. With less reliable theoretical assurance, the discovery of this continent was the result of an exploring expedition which started on a waste of waters, the limits of which were at that time as unknown as those of the aerial regions now to be cruised on. With probably less prospective good to be gained, and with equal or greater risk to human life, costly expeditions have been sent to the most inaccessible corners of the earth, and their failures seem to have only stimulated to their repeated prosecution.

In a strictly medical view, we have no direct object in the proposed aeronautical design; but our profession stands aloof from nothing which rationally proposes to add to the sum of human knowledge or happiness. In many departments of general science, the members of the medical profession have stood foremost. The greatest modern geographical explorers have been medical men—among the most recent of whom are the familiar names of Drs. Livingstone and Kane; and another, Dr. Hays, is now attempting to explore further northward than has yet been reached. Perhaps the latest astronomical discovery, is that of a new planet by Lescarbault, a French practising physician.

We think, then, that even an interest in a balloon voyage, if conducted in an earnest and scientific manner, for the purpose of leading in a new way to another continent, is not an inappropriate subject for the interest of the profession, the world-wide objects of which have made favorite with it the sentiment of—"*Homo sum, et humani a me nil alienum puto.*"

Dr. Charles Cresson, of this city, a gentleman of scientific acquirements, has already given efficient aid in the preparations for the undertaking. Pecuniary aid is, it is said, essential to the final setting out. We bespeak for the effort an interest by the medical profession, for there is no other class from whom an appeal for aid, scientific or monetary, in a worthy object, is more likely to receive a favorable response.

Correspondence.

New York, Sept. 7th, 1860.

The reorganization of the New York Medical College is the latest, and I believe, the most important event that has transpired hereabout. This school has been singularly unfortunate from its commencement. Organized on a firm pecuniary basis, and with a faculty composed of some of our most prominent men, its complete success was universally granted, and yet it has seemed to carry in its bosom the seeds of decay from the first. One after another, the original founders withdrew, until at length, scarcely a representative was left. Finally, the president, Dr. Horace Green, announced his resignation, and in the same breath congratulated the trustees upon the flourishing condition of the school, which he declared was never more prosperous than at that moment. But knowing ones intimate that he even then saw the structure tottering to its fall; certain it is, that he might have visited its ruins on the following day. Of its present organization, I need scarcely speak. In its faculty, the extremes of medical respectability meet. Congratulate your brethern of the editorial fraternity on the prospect, that though hard worked and poorly paid, their services are likely to be appreciated, and rewarded, as in the case of the editor of the Gazette, with the honors, (don't let the printer mistake that word for honors,) and emoluments of a professorship in a distinct school.

It is rumored that Dr. VanBuren has resigned his place of surgeon to the New York hospital, and will hereafter devote himself entirely to his professorship and private practice. This situation in this laity hospital, is considered a great prize among the aspirants to surgical distinction, and already the "slate" is covered with the names of applicants. But there is a sort of apostolic succession in the appointments of that institution, and it would require but little prophetic talent to indicate the "coming man."

The Academy of Medicine is the only society that has had the fortitude to continue its regular sessions through the summer months. Nor have its discussions flagged from the intensity of the heat, though I can not say that the temper of some of the members has not been rendered inflammatory thereby. I doubt not you think, that academy is a singularly constituted body, when you find medical men meeting in it, on an equal footing, whom you are accustomed to consider the very antipodes of respectability. And yet, is not a society of that ethico-scientific character necessary in our larger cities, to regulate the affairs of a profession, composed of such discordant elements? To it the theorist brings his crude observations, and ill-digested opinions based thereupon, and has them thoroughly sifted, and departs a wiser man. To it the young practitioner refers his grievances of oppression by his elder brethren, and the decision of the question of ethics is final. In these, and in many other respects, the academy is invaluable, not only to the good order, and the elevation of the profession as a scientific body, but also to its popular status.

The fall courses of lectures have commenced in our schools, and the attendance of students is large. The faculties anticipate larger classes than ever, but it is difficult to decide what accessions, if any, will be made before the opening of the regular course. No changes will be made in the college faculties, except those already noticed.

QUIS.

A New Injection in Gonorrhœa.—The Parisian correspondent of the *Lancet*, Aug. 25, writes that Dr. Gamberini, of Bologna, reports his success obtained in gonorrhœa by means of injections of diluted tincture of aloes. It is said to cure the discharge, even in the most refractory cases, more rapidly than the usually prescribed astringents. The formula recommended is as follows:

℞. Tinct. aloes, ℥iv.
Aquæ ad. ℥iv.
M. ft. lotio; ter in die injiciend.

News and Miscellany.

The Adulteration of Food and Drink.—The new act for preventing the adulteration of articles of food and drink, has been printed, but, before it can be of public service, "Analysts" must be appointed. In the city of London, the Commissioners of Sewers, and in all other parts of the metropolis, the vestries and district boards, acting in execution of the local government act, and the court of sessions and borough councils in other parts, may appoint one or more persons possessing competent medical, chemical, and microscopical knowledge, as analysts of all articles of food and drink purchased within such places. Any persons selling articles of food and drink, knowing the same to be injurious to health, may be fined $5, with costs; and, on a second conviction, the justice may cause the offender's name to be published in a newspaper, or in such other manner, "at the expense of such offender," as to them seems desirable. There is a provision giving protection against articles being tampered with by the purchaser. A purchaser, in a district "where there is an analyst appointed under this act," may have an article of food or drink analyzed for a sum not less than 2*s.* 6*d.*, nor more than 10*s.* 6*d.*, and to receive a certificate admissible in evidence. The justices, on complaint, may order an article to be analyzed by a skilled person. An appeal is given to the quarter sessions. Persons convicted of selling adulterated patented articles may have a case stated for the opinion of the superior courts. The expenses of the act are to be borne by the city of London, out of the metropolis local management rate, and elsewhere by the county and borough rates.—*Med. Times.*

Colored Paregoric.—The *Journal of Pharmacy* very properly notices a fact which medical practitioners of this city are aware of, that many druggists continue the old practice of coloring the complicated tincture of opium, or paregoric, with extract of liquorice. For a time, from our own observation, the coloring ingredient appeared to be generally omitted, but it seems now to be frequently used in the article as sold to the public, if not in that dispensed in prescriptions. The change in appearance and flavor of so popular a domestic remedy as paregoric, when the liquorice is omitted, is one which has probably met with much opposition, yet in view of the many instances of fatal mistakes, owing to its resemblance to and frequent association with laudanum, the avoidance of the coloring material should become general. The influence of practitioners may be effectual in impressing druggists with the propriety of adhering strictly to the pharmacopœia in making this preparation.

Lord Byron's Feet.—The *Lancet* says, that models of Lord Byron's feet have been this week deposited in the Museum of the Nottingham Naturalist's Society. They are described as about nine inches long, narrow, high at the instep, and generally of symmetrical slope. In an accompanying affirmation, it is stated that the deformed foot (the left) was not, as has been generally stated, a "nub" foot, but that it was formed symmetrically as the other, being, however, exactly an inch and a half shorter. The ankle was weak, and the foot turned outwards. To remedy this Lord Byron wore a very thin boot, tightly laced under his stocking; and in early life employed an iron, with a joint at the ankle, passing down the outside of the leg, and fastened to the sole of the shoe. The muscles of the calf were atrophied.

Professor Syme on Extension in Fracture.—Professor Syme, of Edinburgh, who seems to oppose all innovations on his own habits of surgical treatment, has no faith in the efficiency of the American method of making extension and counter-extension with adhesive strips in the treatment of fractures. Dr. D. P. Smith, in a letter from Edinburgh to the *Amer. Med. Times*, says that Mr. Syme, "maintained stoutly, that the benefit supposed to be gained from the use of extension was an entire delusion; for if extension was employed, the muscles were roused to resistance, and always overcame such force." Mr. Syme does not seem to be aware that continued extension will so *tire* the muscles that they will yield entirely to the extending force.

Success of the Marshall Hall Method in Hanging.—A correspondent in the London *Lancet*, (Aug. 25,) Dr. Alfred Ebsworth, reports a resuscitation from hanging as follows:

"On Thursday, the 2d inst., I was hastily summoned to a case of hanging in the County gaol, at 4 A. M. I found the man lying upon a swing cot, with scarcely a particle of life left in him; his eyes were fixed and motionless, insensible to the touch; the respiration was scarcely perceptible; and the heart's ac-

tion appeared confused and wavering. The left side of the body appeared paralyzed; the arm and leg were inflexible and stiff; whilst, on the right side, the muscles were twitching and contracting, as if in death. The persons about all thought the case hopeless; and so did I. However, plenty of assistance being at hand, I wiped out the mouth, which was filled with bloody, frothy saliva, pressed down the tongue, and commenced rolling the patient from side to side most vigorously. For a long time not the slightest improvement took place. Now and then a gasp, as at first; then hope seemed to vanish. I put a lancet into his arm, and managed to get a little blood, dark, thick, and grumous—never allowing the body to rest, except for a moment, when the coma seemed to get more intense, and the muscular contraction more severe.

"For two hours, I plied my calling, ably assisted, I must say, and at last I had the satisfaction of seeing the patient evince a movement in the upper lid of the unparalyzed side. Friction about the neck, where the ligature had made a deep indentation, and also about the region of the heart, continued rotation in blankets, with now and then the inhalation of ammonia and ether, brought the patient round at 8 A. M. During recovery, convulsions the most intense set in, and threatened to destroy life, after the comatose symptoms had begun to disappear. The result proved ultimately successful; and, in the course of the day, he walked from the cell to the infirmary, and partook of a broth meal."

Tannin as an Antidote to Strychnia.—Dr. Kurzak, in the *Zeitschrift der Gesellschaft der Aerzte zu Wien*, has published a paper in which he claims tannin to be a most excellent antidote in strychnia poisoning. The tannate of strychnia formed, is insoluble in the intestinal juices. For 1 part of strychnia, 20 to 25 parts of tannin should be given, or even more, because a considerable part of the tannin is precipitated by the contents of the stomach—gelatine, for example. When tannic acid cannot be obtained, strong infusions of powdered gall-nuts, or green tea, should be used.

Wound of Abdomen with Escape of Intestine—Recovery.—A case of this kind is related in the *Medical Times and Gazette*, by Dr. Potter, of Kilkenny. The patient was a boy, who was thrown by a horse, and fell on the sharp portion of the sock of a plough, which penetrated his abdomen. Three large coils of intestine, about two inches in breadth, protruded from the lower part of the abdomen, and from two of the coils the serous membrane was abraded, and blood oozing. The intestines were reduced with some difficulty, the patient put under calomel and opium, and leeches were applied. In two weeks, he was discharged well.

Sir Benjamin Brodie, the eminent English surgeon, has been suffering for some time, as we mentioned in a former number, from an affection of his eyes. There appears to be some doubt as to the nature of the disease. The *Lancet* says in a late editorial notice:

"Several rumors, more or less erroneous, have been recently promulgated concerning the health of Sir Benjamin Brodie. It is a natural feeling, and one that marks the deep veneration and affection with which this distinguished surgeon is universally regarded, that great interest should be exhibited in his personal welfare. He has lately undergone an operation undertaken with a view of restoring vision, which had become impaired from advancing cataract or glaucoma. It is understood that the operation has failed. All will hope that the failure will not be irremediable. As no man living has done more honor to surgery, so none has a better claim to benefit by all the resources of the art. It will be a subject of lasting regret, should it prove that Sir Benjamin Brodie has suffered from any error of diagnosis or of treatment. The warmest sympathies of the entire profession are with the respected sufferer in this case."

The Electro-Motor Power in the Torpedo.—The Paris correspondent of the *Lancet* states, that, at a late meeting of the Academy of Sciences, M. Mattenci communicated some experiments on the electrical organ of the torpedo, from which the learned physiologist draws the following deductions:

First. That the electro-motory power of the torpedo exists independently of the immediate influence of the nervous system, and that even eight days after death, this power may still be found to prevail long after all traces of nervous excitability or muscular irritability have ceased.

Second. That the electro-motory power of the organ is augmented by the excitement of

its action, and that this increase of power persists for a certain space of time.

Third. That whilst muscular function is accompanied by appreciable chemical changes, and most notably by the development of heat, such is not the case with the organ of the torpedo, the exercise of which is unattended by any such apparent physical manifestation.

Clinical Teaching Free.—Two timely resolutions were presented by the Medical Board of the Philadelphia Hospital, at the last meeting of the Board of Guardians. The first recommended the opening of the wards of the Hospital to students for the purposes of clinical instruction free of charge; this was adopted. The other was as follows:

"Whereas, it is the duty of those in charge of public hospitals to do every thing in their power to advance the science and art of medicine and surgery, etc.; and inasmuch as the collection of specimens of organic structure, illustrative of health and disease, are among the most efficient means, and are recognized by the principal hospitals, both in Europe and this country.

"*Resolved*, That a Committee of the Medical Board be appointed, to confer with the Board of Guardians upon the feasibility of establishing within the hospital a *museum*, for the preservation of pathological and other specimens, to aid in the investigation of disease, &c."

Remedy for the Hoarseness of Singers.—For five or six days, to drink twice a day five or six drops of nitric acid in a glass of sugar and water. If the organ has become accustomed to the use of the remedy, and it, in consequence, has lost its original efficacy, we can increase the dose of the acid to ten or eleven drops. This receipt was given to us by an artist to whom it had rendered special service, who requests us not to publish his name; but who, we may assure our readers, is the first tenor of the age.—*L'Abeille Med.*

A verdict for $2,500 *damages for mal-practice*, is reported by the St. Joseph's Medical and Surgical Journal, as having been given in that county against a physician, on the suit of a young man, who was the subject of an oblique fracture of the middle third of the femur. If the Journal would give us the particulars of the case, they would no doubt be very interesting to the profession.

Vaccination in Syphilis.—Mons. A. Guérin reported lately to the Surgical Society of Paris on M. Lukomski's method of treating syphilis by vaccination. After showing the inefficiency of this mode of treatment, the author added, in conclusion, that M. Lukomski deserved the Society's thanks respecting his good intentions; but that the members request he will not continue his experiments, as they are dangerous for the sick, and might get him into trouble.—*Lancet.*

Philadelphia County Medical Society.—The first conversational meeting of the series for the season was held on Wednesday evening last, Dr. Remington, President, in the chair. The meeting was largely attended. The subject for discussion, Abortion—its causes, dangers, and treatment—was introduced by Dr. James M. Corse, in an able and instructive paper, an abstract of which we may give in a future issue. It elicited a spirited debate, in which quite a number of members participated.

Smokers in New York.—According to the *Merchants Magazine*, in New York city there are about 200,000 smokers, each using two cigars per diem, which makes 400,000 every day. These will cost for labor alone, at $5 per thousand, the enormous sum of $8,760,000 annually, when made by hand.—*Amer. Med. Times.*

Army and Navy.—Assistant Surgeon John J. Gibson has been ordered to report for temporary duty at the Navy Hospital, New York. Leave of absence for thirty days has been granted to Assistant Surgeon J. M. Haden, Medical Department.

The Grape Treatment on the Teeth.—A writer in the *Lancet* says, that the grape cure exerts a deleterious influence on the teeth. He has seen the front incisors of a patient greatly corroded after spending some time under the treatment at Vevey.

The Obstetrical Clinic at the Pennsylvania Medical College, opened on Saturday morning, Sept. 1st, &c. &c.

W. B. Atkinson, M. D., has been appointed Assistant Professor of Obstetrics and Diseases of Women in the Pennsylvania Medical College.

The three Stages of a Parisian hospital physician are thus described by the correspondent of the London *Lancet*, from the former place:

"He enters the career at thirty, let us suppose; he is then full of hope, places the most sanguine reliance in the omnipotence of the materia medica, has at his fingers' ends twenty remedies for each disease, has a counter agent for each symptom, and passes fifteen years of his life in trying a legion of drugs with more or less success or disgust. In the second stage, at forty-five, on returning to him again, we find a sadder, but a wiser, man; he has no longer the same indiscriminating confidence in the power of drugs; he has had many disappointments; his praises of the Pharmacopœia have gradually grown fainter and fainter; and he has discarded all his imaginary specifics. Two or three medicines, however, have proved less faithless than the rest, and these he uses *à tout propos*—adding, in his moments of conviviality, that 'these are his sheet-anchors, and for all the rest he does not care a—fig.' At length our friend attains the age of sixty; his head is wonderfully clear, and, between his intellect and his experience, he ought to be an excellent therapeutist, and render valuable service to the cause of humanity. How now? Apathy, incredulity, *médecine expectante*, in place of energy, confidence, and vigorous treatment? Yes, so it is, alas!—the career, begun with hope and vigor, terminates in discouragement and inaction! Now, I do not mean to give to the above a general application; but there is so much truth in the portrait, that I have produced it for your contemplation. It is an omitted sheet of *Gavarni à Paris*."

Surgeon Bernard M. Byrne, M. D., of the United States Army Medical Staff, and for three years attending physician at the Fort Moultrie Station, died on Sullivan's Island on the 6th inst., in his forty-sixth year. His disease was typhoid fever.

Prof. May has resigned his position as Professor of Surgery in Shelby Medical College, Nashville. Prof. Maddin has been elected to fill the vacancy, and Dr. D. B. Ciffe is appointed to the chair of Anatomy.

The Pharmaceutical Association held its annual meeting during this week, in New York. We shall present an abstract of their deliberations in our next issue.

Men and Apes.—An anecdote of the discussion at the British Association, on Mr. Darwin's book, is current. The two most prominent speakers, on either side, were the Bishop of Oxford and Mr. Huxley. "If I may be allowed to inquire," said the Bishop of Oxford, "would you rather have had an ape for your grandfather or grandmother?" "I would rather have had apes on both sides for my ancestors," replied the naturalist, "than human beings so warped by prejudice, that they were afraid to behold the sun."—*Lancet.*

Dr. Usher Parsons, of Providence, Rhode Island, who is said to be one of the last surviving commissioned officers of the naval battle on Lake Erie, made an address at the recent inauguration of the Perry Monument at Cleveland.

Closing of the Drug Stores on Sunday.—Another meeting of the pharmaceutists has been held, for the purpose of considering some difficulties which have recently arisen in regard to this movement.

Sir Benjamin Brodie has been for sometime gradually losing his sight. The operation of iridectomy was recently performed on him, but it is understood that the operation has failed.

There were, last week, 776 patients in the New York City Lunatic Asylum, and 450 in the Insane department of the Philadelphia Almshouse.

How the English should Physic the French if they invade the Isle.—Give them some of Dover's powder and a lead mixture.—*Vanity Fair.*

Summary of Medical Science.—A periodical with the above title is about to be started by Dr. Walter S. Wells, of New York, the author of *Braithwaite's Retrospect.*

The population of the city of St. Louis, Mo., by the census now in progress, is 161,000—a gain since 1850 of 106 per cent.

Clinical Instruction in the medical colleges of this city has commenced. The clinics are well attended both by students and patients.

Answers to Correspondents.

Chas. M. Samson, M. D.—A correspondent from Brooklyn, who thus styles himself, says that he "spent two hours on last week's number and could not comprehend the article Elytrorrhaphy."

This Samson must be strong in patience to labor so long, but weak in powers of comprehension. The article alluded to is, to our ordinary intellect, very clear.

COMMUNICATIONS RECEIVED.—*Delaware*, Dr. T. C. Rogers—*Illinois*, Dr. E. D. Gates—*Kentucky*, Dr. D. Johnston, [with encl.]—*New York*, Dr. MacNichol, Dr. Chas. T. Evans, Dr. C. D. Mosher, Dr. W. E. Chapman—*Pennsylvania*, Mr. Geo. H. Christy, Dr. Thos. H. Worthington, Dr. J. Breitenbach—*South Carolina*, Dr. Geo. Caulier—*Tennessee*, Dr. R. B. Harris.

Office Payments.—Dr. Joseph G. West, (Pa.,) Dr. J. R. Davis, Mr. Queen, (adv.,) Dr. S. Sproul, (N. J.,) Dr. J. Warner Knot, Dr. R. P. McGuire, (Va.) By Mr. Swaim: Dr. Scholfield, Mr. Ord, (adv.)

MARRIAGES.

DUNCAN—BRIDEL—At Pittsburgh, Aug. 30th, J. L. Duncan, M. D., to Mrs. M. A. Bridel, all of Pittsburgh.

SEILER—ORTH—At Harrisburg, on the 6th inst., by Rev. T. H. Robinson, Mr. Jacob F. Seiler to Miss Mary W., daughter of Dr. E. L. Orth.

DEATHS.

ADDISON—Surgeon S. R. Addison died on the 28th ult., at the Naval Hospital, Chelsea.

DENTON—Professor Samuel Denton, of the Medical Faculty of the University, died at his residence in Ann Arbor, Mich., Aug. 17. He was one of the oldest citizens of Ann Arbor, having resided there nearly thirty years. He has been connected with the Medical College since its organization. He was a man of the first order of talent, kind of heart, and a gentleman in his profession and in the private walks of life. His loss will be severely felt by the University and by the community in which he lived.

HORNER—Wm. W. Horner, Esq., of Chicago, son of the late Prof. Wm. E. Horner, M. D., of this city, was among those who were lost by the sinking of the steamer Lady Elgin on Lake Michigan on the night of the 7th inst.

HAMPTON—At Brighton, N. J., last week, Dr. Isaac H. Hampton. For nearly sixty years he was one of the most prominent citizens of that place.

HARVEY—At Jenkintown, Montgomery county, Pa., on the 28th ult., Rebecca S., wife of Dr. S. D. Harvey, aged 30 years.

WARNER—At Pittsburgh, on the 5th inst., Dr. E. Warner, in the 78th year of his age.

WILTBANK—In this city, on the 11th instant, Dr. John Wiltbank, in the 56th year of his age.